

SUPERVISOR RESPONSIBILITIES **WORKERS' COMPENSATION CHECKLIST**

Employee Name: _____ Date of Injury: _____

<input type="checkbox"/>	Injured employee reports injury to supervisor immediately.
<input type="checkbox"/>	Assist injured employee in getting medical attention. Recommend injured employee seek medical attention on the date of injury.
Provide Injured Employee:	
<input type="checkbox"/>	1. CA-1 (TRAUMATIC INJURY) or
<input type="checkbox"/>	2. CA-2 (OCCUPATIONAL DISEASE)
<input type="checkbox"/>	<input type="checkbox"/> • CA-35 Checklist (CA-2 ONLY)
<input type="checkbox"/>	3. CA-16 can <u>ONLY</u> be issued if: <ul style="list-style-type: none"> a. Injury was a Traumatic Injury (CA-1) b. Happened within 1 week of injury, and, <u>ONLY</u> if medical treatment is needed. <ul style="list-style-type: none"> • Do not issue blank CA-16
<input type="checkbox"/>	4. CA-17 (Complete Part A and indicate availability of light duty in OTHER sections, and, inform employee of light duty availability.
<input type="checkbox"/>	Notify Injury Compensation Program Administrators (ICPAs in CPAC) and Safety office of injury.
<input type="checkbox"/>	Review and complete the <u>Official Supervisor's Report</u> section of the CA-1 or CA-2 and provide employee receipt of Notice of Injury.
<input type="checkbox"/>	Investigate injury and controvert/challenge claim when appropriate. Provide input to ICPAs who will prepare controversion letter.
<input type="checkbox"/>	Fax CA-1 or CA-2 to CPAC (916) 557-7709 or 5170 (within a day of receipt). Attn: Injury Compensation Program Administrator
<input type="checkbox"/>	Mail originals to: (Within 1 week of receipt) CHRA-SPD-CPAC Injury Compensation Program Administrator 1325 J Street, Room 1450 Sacramento, CA 95814
<input type="checkbox"/>	Contact injured employee on a weekly basis to ask about his/her prognosis and treatment plan. Employee should follow established leave procedures if absent and inform supervisor of the type of leave that should be used [Sick, Annual, LWOP, or Continuation Of Pay (COP)] to cover absence.
<input type="checkbox"/>	If COP is elected, inform injured employee that all COP usage MUST be supported by medical evidence and must be submitted within 10 calendar days . Inform ICPAs if medical evidence is not received within 10 days to commence termination of COP process.

<input type="checkbox"/>	Request/obtain updated CA-17 after <u>EVERY</u> medical appointment until returned to full duty. Work assignments should be in strict accordance with any listed restrictions. Contact ICPAs for guidance.
<input type="checkbox"/>	Keep ICPAs informed of injured employees' progress and provide copy of CA-17 and all medical documentation.
<input type="checkbox"/>	If employee is expected to remain out of work for longer than 45 calendar days – MUST decide and request type of leave to use to cover absence.
<input type="checkbox"/>	Provide CA-7, CA-7A, CA-20, and SF-1199 to employee on LWOP.
<input type="checkbox"/>	Complete <u>Employee Agency</u> portion of the CA-7, CA-7A, and faxes all documents to the ICPAs within 1 day of receipt. Followed with the mailing of originals.
<input type="checkbox"/>	Continue to call injured employee during recovery until injured employee returns to work in any capacity.
<input type="checkbox"/>	Work with ICPAs in establishing light duty assignments as soon as it's appropriate.
<p>Contact the SPD CPAC Injury Compensation Program Administrators, at any time during the process for assistance.</p> <p>E-mail: DLL-CESPK-HR-EDI@eis01.usace.army.mil</p> <p>Refer injured employees to Injury Compensation Program Administrators for assistance.</p>	

WEB SITES:**Workers' Compensation Claim Forms and Information:**

<http://www.dol.gov/esa/regs/compliance/owcp/forms.htm>

SPD CPAC Online Information Center (Benefits):

<http://www.spd.usace.army.mil/cpac/benefits.html>

KEY TERMS:

CA-1 – Traumatic Injury – is a wound or other condition of the body caused by external force, including stress or strain, sustained during the course of one work day. Claim must be filled with in 30 days of injury to use COP.

CA-2 – Occupational Disease – is defined as a condition produced in the work environment over a period longer than one workday or shift.

CA-7 – Claim for Compensation of Account of Traumatic Injury or Occupational Disease.

CA-7A – Time Analysis Form.

CA-7B – Leave Buy-Back (LBB) Worksheet / Certification and Election.

CA- 16 – Authorizations for Examination and/or Treatment.

CA-17 – Duty Status Report.

CA-20 – Attending Physician's Report

CA-35 – Evidence Required in Support of a Claim for Occupational Disease.

COP – Continuation of Pay (only for Traumatic injuries if CA-1 filed within 30 days of injury).

ICPA – Injury Compensation Program Administrator.

LWOP – Leave Without Pay.